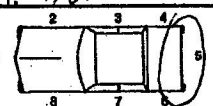
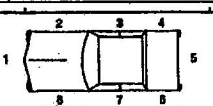


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE								LOCAL FILE NO.																					
REPORT TAKEN		<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		1		CRASH SEVERITY (CHECK MOST SEVERE)				<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH		6/28/14		DAY		THU		TIME: MILITARY		1251															
CRASH OCCURRED ON				Alley next to 413 E. Mulberry				WITHIN THE INTERSECTION OF																													
IF NOT IN INTERSECTION				N				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE				8321																	
LOG-1				LOG-2				LOC JUR FH'S FILT																													
A		UNIT NO.		1		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO OR AGENT		Progressive									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				De Jesus, Carol				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				500 Cincinnati Ave. Lebanon OH 45036																									
PHONE NO.				933-767-3472				BIRTH DATE		9/23/92		AGE		21		SEX		F		SOCIAL SECURITY NO.		-		STATE		OH		DRIVER'S LICENSE NO.		TX008304		OCCUPATION		-			
OWNER (IF SAME AS DRIVER, WRITE SAME)				Vanhoosier, Paige				ADDRESS				1246 Wilmington Rd. Lebanon, OH 45036								PHONE				513-739-9426													
VEH YR		2008		MAKE		HYUN		MODEL		-		COLOR		Silver		STYLE		25		STATE		OH		LICENSE PLATE NO.		FAT7821		TOWING SERVICE		Jacobs		VEH/PED DIR		FROM W TO E			
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
B		UNIT NO.				NO OF OCCUPANTS				OPERATING		<input type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO. OR AGENT											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																													
PHONE NO.								BIRTH DATE				AGE				SEX				SOCIAL SECURITY NO.				STATE				DRIVER'S LICENSE NO.				OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)								ADDRESS												PHONE																	
VEH YR				MAKE				MODEL				COLOR				STYLE				STATE				LICENSE PLATE NO.				TOWING SERVICE				VEH/PED DIR		FROM TO			
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
C		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE		SEX		POSITION						INJURIES													
D		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE		SEX		POSITION						INJURIES													
E		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE		SEX		POSITION						INJURIES													
F		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE		SEX		POSITION						INJURIES													
A		B		C		INJURED TAKEN TO				By				A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO				By				A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		OFFENSE CHARGED AND DESCRIPTION								A		B		C		D		E		F		A		B		C		D		E		F	
O		D		CITY ORD		OFFENSE CHARGED AND DESCRIPTION								A		B		C		D		E		F		A		B		C		D		E		F	
RECEIVED CALL		1251		DISPATCHED		1250		ARRIVED		1307		CLEARED		1355		OTHER TIME		0		TOTAL MINUTES		48				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG									
DATE REPORT FILED		M		ID		Y		PHOTOS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME		J. Haller		BADGE NO.		123		CHECKED BY																	